

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	11					
2		1				
3	1					
4		1				
5	1					
6		1				
7	1					
8		1				
9	8					
10	4					
11	4					
12						
13	2					
14	3					
15	3					
16	2					
17	2					
18	4					
19	4					
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23	1					
24	4					
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50						
TOTAL IND.	18					
TOTAL DEP.	10					
TOTAL CLAIMS	28					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						